



City of Taunton

Board of Health

45 School Street
Massachusetts 02780-5212

RECREATIONAL CAMP FOR CHILDREN STATE SANITARY CODE, CHAPTER IV 105 CMR 430.00 APPLICATION

Date: _____

Name of Recreational Camp: _____

Address: _____

Camp Telephone: _____

Type of Camp:

Day Camp _____

Residential Camp _____

Primitive, Travel or Trip Camp _____

Other: _____

Location of Camp _____

Population of Anticipated Campers: _____

Range of Camper ages (min-max): _____

Days and Hours of Operation: _____

Length of Operation: _____

Submit the following documents, information and names:

- Camp Director's name and credentials: 430.101
- Camp Health Care Consultant's name and credentials: 430.159(A)
- Health Supervisor's name and credentials: 430.159 (C)
- Physical Examination and Special Needs Policy: 430.154
- Immunization Policy: 430.155
- Written camp medical policy approved by the Health Care Consultant: 430.159 (B)
- Blank health record form, including physician's name and phone number, health history medication, etc. 430.150
- Emergency medical authorization form physicians name and phone number, health history etc.: 430.150
- Written fire evacuation plan approved by the local fire department: 430.210
- Written statement of compliance from the fire department: 430.215
- Traffic control plan includes map, showing flow of traffic: 430.210
- Disaster plan, including arrangements for transportation of campers from camp: 430.210
- Lost swimmer and camper plan: 430.210
- Day camps – contingency plans as outlined in - 430.211
- Disciplinary policy - must include the prohibitions as outlined in- 430.191

- Staff orientation plan: 430.091
- Procedure for reporting suspected child abuse or neglect: 430.093
- Current Certificate of Occupancy from the local building inspector: 430.451
- Promotional literature and brochures: Note: must contain the following information: 1. Copy of the policy regarding care of mildly ill campers, administration of medications, procedure for emergency care. 2. The following statement: “this camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.” 3. Parents are informed that they may request copies of background checks, health care and disciplinary policies. 430.159
- Food service license: 595.052
- Swimming pool license: 430.21 –if applicable
- Check made payable to the “City of Taunton” for \$10.00
- Completed application must be received at the Taunton Board of Health two weeks prior to the start of camp.
- Schedule camp inspection with the Taunton Board of Health.

Signature of Applicant/Contact Person: _____
 Telephone Number: _____

The following paperwork must be available for review during the inspection:

- staff qualifications, including resume, background check, age, certifications and licenses. 430.100
- Completed health forms for all staff and campers. 430.154
- CORI, SORI, out of state/international criminal background checks. 430.090
- List of medications administered at camp, signed by the health care consultant. 430.160
- Bound Medical log, with pre-numbered pages. 430.155
- Injury Reports. 430.300

It is the responsibility of the camp to meet, and maintain State Requirements, under State Sanitary Code, Chapter IV 105 CMR 430.00